


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052142</b>	
1. Entity Name <b>WASP INVESTMENTS, LLC</b>	

Principal Place of Business <b>1240 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176</b>	Mailing Address <b>P.O. BOX 1166 ORMOND BEACH FL 32175</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State	City & State	4. FEI Number <b>20-1718073</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**FRANKS, RUSSELL  
1240 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

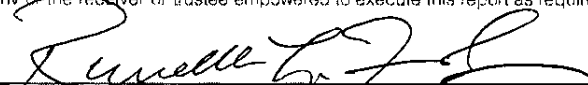
**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKS, RUSSELL</b>	
STREET ADDRESS	<b>P.O. BOX 1166</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32175</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>ERICKSEN, GREGORY</b>	
STREET ADDRESS	<b>P.O. BOX 1166</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32175</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>WEITE, JAMES</b>	
STREET ADDRESS	<b>P.O. BOX 1166</b>	
CITY-ST-ZIP	<b>ORMOND BEACH FL 32175</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>U00000878900</b>	
CITY-ST-ZIP	<b>04/14/08-80074-012 138.75</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **3-31-08** **386-441-5587**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Expense Price